| PATENT APPLICATION FEE DETERMINATION RECORD 529765 Effective December 29, 1999 | | | | | | | | |
|--|------------------|---|------------------|---------------------|---|------|---------------------|------------------------|
| CLAIMS AS FILED - PART I (Column 1) (Column 2) | | | | SMALL E | | OR | OTHER SMALL E | |
| FOR NUMBER FILED NUMBER EXTRA | | XTRA | RATE | FEE | | RATE | FEE | |
| BASIC FEE | | | | OR | | 840 | | |
| TOTAL CLAIMS // minus 20 | |)= ' | | X\$ 9= | | OR | X\$18= | |
| INDEPENDENT CLAIMS 2 minus 3 = 1 | | <u>= :</u> | | X39= | | OR | X78= | |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | +130= | | OR | +260= | |
| • If the difference in column 1 is less than zero, enter "0" in column 2 | | | | TOTAL | | OR | TOTAL | 840- |
| CLAIMS AS AMENDED - PART II (Column 1) & -33-04 (Column 2) (Column 3) | | | | SMALL E | OTHER THAN SMALL ENTITY OR SMALL ENTITY | | | |
| CLAIN REMAIN REMAIN | AS IING ER | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total · // | Minus | -20 | = | X\$ 9= | | OR | X\$18= | - |
| Total | Minus | <u></u> 3 | = | X39= | | OR | X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | ÷130= | | OR | +260= | |
| | | ** | | TOTAL | | I | TOTAL ADDIT FEE | |
| (Column 1) (Column 2) (Column 3) | | | | | | | | |
| CLAIN REMAIN | MS NING ER | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total • | Minus | ** | = | X\$ 9= | _ | OR | X\$18= | |
| Total • Independent • | Minus | *** | = | · X39= | | OR | X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | +130= | | OR | +260= | |
| | | | • | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| (Colum | | (Column 2) | (Column 3) | | | | | |
| CLAI REMAI AFTI AMENDI | NING ER | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| Total | Minus | | 172 | X\$.9= | | ÖΑ | X\$18= | |
| Total Independent • | Minus | *** | = | X39= | | OR | X78= | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | +130= | | OR | +260= | |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3: "If the "Highest Number Previously Pald For" IN THIS SPACE is less than 20, enter "20." | | | | TOTAL ADDIT FEE | | OR | TOTAL ADDIT. FEE | - (A.Y.) |
| ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. | | | | | | | | |

FORM PTO-875

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